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## Original Communications.

### CASE OF ŒSOPHAGOTOMY.

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MRS. E. J. H., aged 49, of Mason, N. H., on the 5th of January, 1867, swallowed a common brass pin. She immediately felt a pricking and slight choking sensation, and supposed the pin had passed into the stomach. She was able to swallow food tolerably well for three days, a pricking sensation only being felt, attended with a stiffness and lameness on the left side of the neck, which radiated to the left shoulder. These symptoms increased, attended with more difficulty in swallowing food, and she becoming alarmed called Dr. Kidder of Townsend, on the 12th of January, seven days after the accident. He made several attempts with his finger and sponge probang to dislodge and remove the foreign body, but without success. These efforts were followed by chills, fever and swelling, and tenderness on the left side of the neck. Only liquids could be swallowed, and always causing a pricking and choking sensation and acute pains extending to the left shoulder. The febrile state continued for about three weeks, during which time a prominence occurred on the left side of the neck, said to have been the size of a walnut and situated, as described by the family, very near the upper part of the carotid triangle. The attending physician at one time prepared to open the swelling and remove the pin, as reported by the family, but during the third week of his attendance there was a copious discharge of sanious pus from the fauces, a subsidence of the febrile symptoms, and total disappearance of the tumor.

It is to be regretted that this part of the history is received from the family, all of whom are very intelligent and reliable, and yet may lack that accuracy of anatomical description which a surgeon would give. Dr. Kidder, who first attended the case, left in March for a distant part of the country, and his present residence is not known, and consequently no written statement can be obtained from him. During the month of March there was a constant flow of muco-purulent matter from the fauces; the breath was offensive; the pricking and painful sensations referred to the œsophagus behind the cricoid cartilage, and radiating to the left shoulder, were persistent symptoms. She occasionally attempted, and with partial success, to swallow soft solids, which usually produced choking paroxysms and induced her to despair of taking solid food. Sometimes liquids would regurgitate, but generally fluid nourishment could be swallowed in small quantities. On the 3d of April the case came under the care of Dr. J. M. Blood, of Ashby, to whom I am indebted for the remainder of the history of the case, and to whose fidelity and skill in the details of treatment, the favorable issue of the operation was mainly due. At this time, "April 3d," the patient was very much emaciated, pale and dispirited. The difficulty in swallowing liquids was daily increasing, and the offensive muco-purulent discharge continued. She felt sure she could "feel the prick of the pin" at the point before mentioned. During this month nutritive injections were used, tonics and anodynes were given, and the patient was encouraged to expect relief. On the 21st of April I saw the patient with Dr. Blood, and on the 2d and 10th of May Dr. Geo. D. Colony joined us in consultation, on the case. We decided to defer surgical interference (except the passage of a sponge probang which caused great pain and irritation), and try and sustain the patient with tonics, and liquid nutriment.

On the 15th of May, the patient being in an alarming state of inanition, a larger consultation was held; the attending physician, Dr. Blood, Drs. Miller, Colony, Rice and myself being present. The patient had now been more than two months confined to her bed, was extremely weak, had a small thready pulse, and was only able to swallow the smallest quantity of fluid at a time. The discharge from the fauces was

profuse, and the breath very fœtid, and she was in a state of great mental depression, anticipating death by starvation. A sponge probang was now passed into the œsophagus quite down to the cardiac orifice, and returned smeared with mucus and blood. This caused great pain and excitement, although very little force was used. A small stomach tube was now passed through the cardiac orifice, followed by the same symptoms. In view of the alarming prostration of the patient, and the certainty of her sinking without an exploratory search for the pin, it was decided by all the medical gentlemen present that œsophagotomy should at once be performed. At 4 o'clock, P.M., May 15th, 1867, the patient being placed in a strong and direct sunlight, was brought under the influence of ether. An incision was made upon the left side of the neck three and a half inches long, parallel to and midway between the inner edge of the sterno-mastoid muscle and the larynx and trachea. The edge of this muscle was readily found, there being very little adipose or connective tissue to embarrass dissection. Next the upper belly of the omo-hyoid was found and drawn outward, together with the margin of the sterno-mastoid. Continuing the dissection, chiefly with the handle of the scalpel, deeper into the carotid triangle, the sterno-thyroid and sterno-hyoid muscles were seen, and with the larynx and trachea were drawn to the right by a retractor in the hands of an assistant. The thyroid gland was very small and required no attention. Very little hæmorrhage occurred, no ligatures being required at any stage of the operation. At the bottom of this dissection the carotid sheath was seen lying in contact with the trachea. A blunt director readily passed between them at the upper part, and after being separated by the handle of a scalpel, the carotid vessels were covered and drawn outward by a retractor, which at once exposed the œsophagus to view. No foreign body could be seen or felt. A stomach tube was now introduced, and being tilted to the right, caused a visible bulging outward of the exposed portion of the œsophagus. A longitudinal incision an inch and a quarter long was next made in the œsophagus, cutting directly on the stomach tube. After a fruitless search with probes, the stomach tube was withdrawn and the fore-finger pased in to the œsophagus through the incision. Passed upward till it reached the top of the larynx, and exploring in all directions, no foreign body could be found. At the same time the fore-finger of the left hand was passed into the fauces and met its fellow behind the larynx, and assisted in the unsuccessful search. Again, the finger was reversed and passed down the œsophagus, below the incision, its whole length, reaching quite two and a half inches below the top of the sternum. *No foreign body was found.*

The search was now reluctantly abandoned, and the patient allowed to emerge from anæsthesia. Two sutures were used in the upper half of the incision, and the lower portion was left open. A light compress wet with cold water completed the dressing.

At 6, P. M., consciousness returned. Pulse 80, very weak. Restless. Subcutaneous injection of morphia. Beef tea and whiskey enemas. At 10, P.M., pulse 120, very small. Slept a little and more quiet. At 12, M., pulse 140; limbs cold; artificial heat applied. Beef tea, whiskey and morphia repeated every 2 hours, during night.

16th, at 5, A.M., pulse 130. Skin warm and moist. Has slept 2 hours during night.

At 9, A.M., pulse 120, warm and quiet; treatment continued. 9, P.M., pulse 110, comfortable. 17th, pulse 98; swallowed a little milk, about half of which escaped at the wound. Treatment continued. 18th, same as yesterday. Treatment continued. 19th, suppuration from wound profuse and offensive. Chloride of soda sol. applied.

20th.—Swallows ʒii. milk with ʒi. whiskey every 4 hours, losing about half of it at the wound. Thinks it does not hurt her so much to swallow as before the operation.

22d.—A flaxy looking mass of cellular tissue was drawn out from the wound with forceps. Pus looks more healthy. Is abundant.

23d.—Takes milk punch and egg-nogg, and loses about one-fourth at the wound.

June 3d.—Drinks half a pint of liquid nourishment at once, and loses only about two teaspoonsful.

June 4th.—Retained all she drank.

June 6th.—Drank a cup of coffee and lost two teaspoonsful from the wound.

June 12th.—Wound closed. Swallows well.

July 1st.—The cicatrix has been inflamed and swollen for a week past, and to-day reopened with an escape of pus. On swallowing milk a small quantity escaped through the sinus. This has caused some anxiety. Small graduated sponge tents were from this date introduced daily for a week, and the walls of the sinus were occasionally touched with nitrate of silver.

July 10th.—Wound entirely closed. Appetite good; takes broths, coffee, gruels

and egg-nogg, milk and custards. Says she feels better and takes food easier than since she swallowed the pin. From this date no untoward symptom occurred; her bill of fare was gradually enlarged by the addition of jellies, puddings, eggs, bread, vegetables and meat, under the use of which she rapidly regained flesh and strength.

January 11th, 1868.—Mrs. H. came before the Worcester North District Medical Society, when her case was very briefly narrated by her attending physican, Dr. J. M. Blood, of Ashby. She was in fine ruddy health. Ate and swallowed a promiscuous diet of solid food as well as ever, and expressed confidence that the *pin* was out of her way.

With the final closure of the wound all morbid secretion from the œsophagus and fauces, which was so annoying and exhausting before the operation, entirely ceased, and has never returned. Deglutition is now perfect, although occasionally some disagreeable sensations are felt, as formerly, radiating to the left shoulder. Whether the pin eluded our search by passing into the stomach, or by penetrating the wall of the œsophagus to find a comparatively quiet nidus among the muscles in the region of the left shoulder, or whether it may have lodged elsewhere in the tissues, are problems yet unsolved. The patient fortunately escaped from the accident and recovered from the operation. She is now, July 2d, 1868, quite fleshy, in good spirits, and in the full enjoyment of fine health.

This case caused no little solicitude and anxiety on the part of all the medical gentlemen who shared in the responsibility of its management. The reasons for this solicitude must be quite obvious from its history. Its *successful* and *unsuccessful* features are now placed on record, for the use of the profession.

## MEANS OF ARRESTING HÆMORRHAGE.

Mr. Editor,—In the Journal of July 2d, I find a note from Dr. Rossman, of Ancram Lead Mines, N. Y., in which the Doctor, referring to my remarks in your issue of June 4th, on the "Means of arresting Hæmorrhage," quotes the six methods enumerated by me, and also the following passage:—"If an artery of any size is wounded, it ought to be tied in the wound. It is a worse than useless waste of time to trifle with other means."

After writing the above sentence, it occurred to me that I might be misunderstood; but considering the context, I concluded that my meaning was sufficiently clear. That I did not mean to say, that in *every* case of wound of a pretty large artery, ligation at the seat of injury should be performed, is evident from what was said with regard to the occasional impossibility of performing this operation, and also with regard to its impracticability in cases in which an undue mutilation of the part would thereby be caused. In short, if I may be allowed to quote a sentence from the article in question, I have said:—"Here (i. e. in the *lower* extremity) it is not always possible to find the bleeding point; or at least an operation necessary to find it would involve such a mutilation as to call for amputation. Of course in such cases *other* means, such as *pressure, styptics,* &c., must be tried, and will often succeed." This sentence appears to me exactly to meet such cases as those of Dr. Rossman.

One word more, Sir, with regard to Dr. Rossman's remark, "I believe hæmorrhage from even larger arteries could be instantly stopped in this manner" (i. e. by pressure and styptics). Dr. R. must refer to arteries the size of the brachial or femoral, since the posterior tibial is taken for comparison. Undoubtedly, in a case of wound of a very large artery, we ought to use the best means at our command at the time; but I may be permitted to doubt whether it would often be possible to *arrest at once* hæmorrhage from the femoral artery, for instance, in the manner described by Dr. Rossman; or whether, if fatal hæmorrhage might thus be averted, a traumatic aneurism, or an immense effusion of blood among the muscles would not be caused. And although I do not wish at all to doubt the fact that, in the two cases referred to by Dr. R., the posterior tibial *was* wounded, still no *proof* of this is adduced. It is easy to conceive how abundant hæmorrhage from muscular branches might occur, simulating that from a wound of the artery. It may, also, in a case of *punctured* wound, be a matter of extreme difficulty to say from what source the blood comes, since the wound is too small to allow the vessel to be seen. The surest proof, under these circumstances, of a wound of the posterior tibial would be the fact that the vessel could be felt pulsating behind the internal malleolus in the *sound* limb, and no pulsation detected in the other. Of course, hæmorrhage from muscular branches would be

much more readily controlled by pressure than that from the main artery.

I am, Sir, respectfully yours,

FRANCIS C. ROPES.

*Boston, July* 8, 1868.

## SUPPURATION IN THE PERITONEAL CAVITY.

MR. EDITOR,—A neighboring physician lately called my attention to a case of "Suppuration in the Peritoneal Cavity," reported in your JOURNAL of March 5th. Having had a similar case recently, terminating fatally, I beg leave to give you the outlines of it, together with the *post-mortem* developments.

The patient, Mrs. E. L., of East Granby, Ct., was a married woman, 29 years of age, and mother of three children. Her general health had been tolerably good, though suffering for several years from dyspepsia. She had also had two previous miscarriages, occurring in the second month of gestation, without, as she believes, materially affecting her health. The hæmorrhage was not serious in either case.

On the night of Feb. 28th, 1868, she had a third miscarriage, after attendance upon a ball, to which she attributed it. She was four months advanced, and had had some uterine hæmorrhage during the three preceding months. She was at this time attended by a regular physician, resident of the town, who, however, did not remove the placenta till two days later, when it was followed by a considerable hæmorrhage, lasting the whole night. This was on Sunday, March 1st. During the three following days she was not under the care of any physician, but I learned of her attendants, at my first visit, on Thursday, the 5th, that "she had been complaining all the week of a burning sensation in her stomach, and that her bowels had been bloated since Tuesday." She had been supposed to have metritis; yet there was no suppression of the lochial discharge, and no pain whatever, and no tenderness upon pressure in the hypogastric region. The vagina and os uteri were in a perfectly normal state. The abdomen was much bloated and tympanitic, but quite soft, and *not at all tender upon pressure.* An injection of molasses and water had been given two days previous, which had been followed by something of a diarrhœa; this, however, soon subsided. Her countenance was pale and eyes sunken, and the expression of her face peculiarly haggard and anxious. Pulse 130, thready. Tongue red. Thirst considerable. Patient called for cold water, but rather, as she said, to allay "the distress of the stomach," than on account of thirst. Indeed, throughout her sickness, her stomach was the burden of her complaint, and it persistently refused relief alike from anodynes, cordials, acids or alkalies. Much of this discomfort was thought to be due to her old dyspeptic complaint, and her weak and rapid pulse to her exsanguinated condition, especially during the second week, when there was some improvement in her symptoms and general appearance. Her pulse had then fallen to 112, and the bowels were much less bloated. Though disposed to be constipated, they were easily made loose by an enema, and were wholly free from pain or tenderness. Her tongue had ceased to be red, and had become perfectly healthy in appearance—it had never been furred. Water high colored and somewhat ammoniacal, but not otherwise abnormal. Emaciation progressive. Appetite not recovered. Patient was very nervous and restless, and usually took twenty-five or thirty drops of McMunn's elixir every six hours during the day, and half a grain of morphine at night. This opiate and expectant treatment was our chief reliance, conjoined occasionally with sweet spirits of nitre, or some other simple remedy, prescribed for its diuretic or febrifuge properties. The diet consisted mainly of milk, beef-tea, rice-water and other mucilaginous drinks, with as much wine whey as her stomach would tolerate—about eight ounces per diem. Without going further into details, it is sufficient to state that towards the close of the third week, a small, fluctuating tumor, of a purplish color, was noticed about one inch below the umbilicus, which broke, after a few days' poulticing, on the 23d of the month, and discharged at least three quarts of pus. This first discharge was of the color and consistence of cream and nearly odorless; and on the four or five following days, by turning patient on her side, about one pint of pus, unchanged in appearance, was daily evacuated. It then began to diminish in quantity, and soon became of a bluish black color and highly offensive odor. Patient now sank rapidly, and died at 7, P.M., April 1st.

With the assistance of my friend, Dr. S. R. Burnap, of Windsor Locks, Ct., an examination of the body was made sixteen hours after death. On opening the cavity of the abdomen, the spectacle presented was not more novel than disheartening. To our astonishment every part of it, and every organ in it, was black as tar, and

looked as if the patient had been dead a month. Of course little could be learned from the external appearance of the organs coated and blackened as they were with this exudation. But on closer examination with the scalpel, they were *all* found in a sound condition—though somewhat soft and flabby. The cavity contained a considerable quantity of the same fluid evacuated, which had also perforated the diaphragm, and partly filled the right thoracic cavity. The liver, stomach and spleen, and portions of the intestine, were found adherent to one another and to the abdominal parietes. We noticed particularly that the cæcum, with its appendix, was firmly adherent to the parietal peritoneum, and it was impossible to determine whether a perforation observed in it existed, ante-mortem, or was produced in breaking through the adhesion —the latter supposition seemed most probable. The psoas muscle on the right side, was more soft and lacerable than its fellow of the opposite side, but showed no signs of having been involved in an abscess. Both ovaries were normal in size, but pale and flabby, and their capsules extremely friable—readily breaking down under the finger. The uterus was of about the size of a duck's egg, and was to all appearance as healthy as any organ in the body. It contained no coagula nor fluids, nor any portion of the placenta; but the place of its attachment to the fundus was still visible, being marked by the rough and raw state of the mucous membrane at that spot. Its small size showed that the process of involution had not been arrested nor much retarded. Every other organ in the body was examined, but, as before stated, no departure from a normal state worth mentioning could be discovered. Respecting the peritoneum it was difficult to determine whether any particular change noticed in it was due to septic inflammation or decomposition. But as writers on Pathological Anatomy affirm that this membrane, when so inflamed, may secrete pus abundantly, and as no abscess nor other source of it could be found, the inference was thought to be strong in favor of peritonitis; the more so as the symptoms of the patient's disease harmonized tolerably well with this supposition. It is true there was an absence of abdominal pain and tenderness; but in the sub-acute and chronic varieties of peritonitis, this is said to be not uncommon. Moreover, puerperal peritonitis is generally ascribed to some predisposition or dyscrasia of the blood; and in this case it seems probable that it assumed a sub-acute and somewhat chronic form by reason of the patient's anæmic condition. The sudden change in the color and odor of the pus evacuated, a few days before death, may have been occasioned by the entrance of air into the peritoneal cavity, although every precaution was taken to prevent it. The odor I considered at the time stercoraceous; but in this I may have been mistaken. At any rate it was more than sufficiently fœtid. It is difficult to believe the patient would have recovered if this untoward change had not occurred—she had already sunk too low—but it undoubtedly hastened her departure from whatever cause produced.

As to the "rarity" of a purulent effusion into the peritoneal cavity, with pointing externally at the umbilicus, the reader will find, by reference to Gross's Path. Anat., page 590, that these two cases are not unprecedented.

In conclusion I will add, that the history and termination of this case was laid before the Hartford County North Medical Association at its last quarterly meeting; and that a majority of the members present were of opinion that both the symptoms and post-mortem disclosures indicated sub-acute peritonitis as the disease of which the patient had died—"*but some doubted.*"

Yours, &c. J. K. Mason, M.D.

*Suffield, Mass.*

# Hospital Reports.

## BOSTON CITY HOSPITAL.

Operations during the month of May, 1868. Reported by G. B. Shattuck, House Surgeon.

(Continued from page 349.)

V. *Compound Comminuted Fracture of Leg; Amputation of Thigh.* (Service of Dr. F. C. Ropes.) J. F. D., aged 27, was driving a load of coal, which with the cart weighed about 5000 pounds. The horses were already going pretty rapidly, but wanting to go faster, he leaned forward from shaft where he was riding, to strike the leader; whilst in this act the horses started suddenly, and he was thrown beneath the wheel of his cart, which he thought passed over both legs.

May 20.—Patient reached the Hospital at 5½ o'clock, P.M., being brought in very promptly after the accident. Upon examination a very oblique fracture of right tibia was determined, extending from just above internal malleolus upwards and outwards a distance of 4 inches; although comminu-

tion was suspected, none was satisfactorily made out; there was no fracture of fibula. This compound opening was two inches in length, beginning just above internal malleolus, and extending literally upward to crest of tibia.

This was the condition of right leg; the left leg, with the exception of some considerable contusion, was uninjured. Up to time of entrance there had been but very little hæmorrhage. The compound opening was plugged with lint, saturated with carbolic acid and glycerine equal parts, and leg put into a fracture box. One hour and a half later, as House Officer raised patient's bed clothes to renew application and adjust fracture, it was observed that hæmorrhage had taken place to the extent of ʒix. and was still continuing; it was easily restrained by pressure, and a close watch ordered to be kept for any renewal.

Pulse 78, fair. From this point we quote from the records.

May 21st—1.20 A.M., House Officer was called, as a considerable oozing was going on from the wound in leg. The bandages and plug were removed, when quite a brisk hæmorrhage began from various parts of wound, some of the blood coming from a point in leg above the wound. The internal saphena vein, which had been wounded by a sharp fragment of bone, was tied, as was also a small artery; with the aid of cold and pressure after two hours the hæmorrhage was almost entirely restrained; pressure by sponges and a bandage was reapplied. At this time about three ounces of blood was lost.

11 A.M.—A little oozing has been going on from wound since last record; the leg as high as knee is becoming tense and assuming a brownish color. Pulse 86. Respiration quite rapid; tongue coated. Upon removing sponges from wound the bleeding from some source above the opening recommenced. Patient refuses an amputation. Carbolic acid treatment resumed and pressure with sponges reapplied.

4 P.M. The oozing is entirely controlled, the leg however is becoming more tense and more discolored. Pulse 94. Respiration more rapid and labored. Appetite poor. Weak egg-nogg and milk punch. Sulph. morphiæ gr. ss.

May 22.—Pulse 120. Patient less able to take nourishment, complaining of nausea. There has been no further hæmorrhage, but leg continues to become more discolored and more tense; is elevated and cold water applied over the whole length. Brandy, of which patient has been taking ʒ vi. in 24 hours, omitted.

23d, 2 A.M.—Patient sleeping quietly, and has been quiet through the night.

9 A.M.—Leg very much discolored, quite tense. Pulse 110, small. Considerable nausea; appetite very poor; tongue coated.

12 M.—Pulse 130. Respiration much distressed. Patient consents to have wound in leg laid open more thoroughly and examined, but still refuses an amputation. Patient etherized, wound in leg opened and condition of bone examined. The condition of soft parts, and comminution of bone which exists to an unlooked for extent, confirms the attending surgeons in the propriety of an operation.

4 P.M.—The patient having consented to an amputation, it was performed just above the knee, the tissues below being in too disorganized a condition to allow of the leg being retained. The circular method was used and almost no blood lost; after the operation there was a slight but very troublesome hæmorrhage from the end of the bone.

24th, 8 A.M.—No bleeding whatever from stump. Patient much more quiet and comfortable in every way than before the operation. Takes a fair amount of nourishment. Cold water dressing and carbolic acid solution to stump.

5 P.M.—Pulse 120, pretty good. Patient doing well.

25th.—Patient continues to improve. Stump looking extremely well. To be injected several times daily with weak solution of carbolic acid, and poulticed with charcoal poultice.

VI.—*Compound Comminuted Fracture of Leg; Amputation of Thigh.* (Dr. F. C. Ropes.) P. C., aged 47, painter. Returning to his home 12.15 A.M. on Saturday evening, May 23, patient attempted to leave a horse car whilst in motion, by the front platform; in this attempt the wheel of the car passed over his left leg. He was found lying in the street, and was brought to Hospital by a police officer. An examination of the leg showed that both bones were fractured just above the ankle, and very much comminuted for several inches, the fracture extending into ankle joint; the soft parts were severely bruised as far as upper third of leg; the compound openings were two in number and quite small, situated upon inner aspect of leg just above the internal malleolus. Considerable hæmorrhage had taken place. Pressure was applied by means of sponges and bandage. Injection of stimulus. Patient declines amputation.

May 24th, 8 A.M.—There has been no bleeding during the night, but patient com-

plains of great pain in leg. Is quite feeble and has no disposition to take nourishment, though he has been without it for twenty-four hours. Pulse 100, weak.

11 A.M.—Advised by visiting surgeons to immediate amputation, which he refuses to consent to until having seen his family. Leg becoming rapidly swollen, tense, and discolored. Pain very great. Pulse 100, weak.

3 P.M.—Patient's family having arrived and consenting to have an amputation as the only chance of saving life, he was etherized. A small exploratory incision confirming the opinion previously formed of the condition of the fracture, amputation was proceeded with. The circular method was adopted; the soft parts below the knee being so much disorganized it was found necessary to saw the bone above; a troublesome hæmorrhage from exposed extremity of bone finally controlled by ferri perchlor. and pressure; four ligatures were applied and six sutures, the latter being tied in bow-knots, after edges of flaps were brought together. Pulse 100. Injection of stimulus.

5½ P.M.—Pulse 86, tolerable. Egg-nogg, milk punch, beef essence.

25th.—Patient drowsy and stupid all the time; when roused answers questions rationally, takes a little nourishment, and then relapses again. Pulse 106, weak. No bleeding from stump. Complains of no pain.

5 P.M.—Condition pretty much the same as in the morning. Pulse quite weak; can take and retain upon stomach but very little nourishment. Enemata of brandy and milk āā ʒ ii. every four hours. Stump looking very well.

26th.—Pulse 100, weak. Respiration slow and somewhat labored. Tongue very dry, with a thick brown coat. Still remains in the same stupid, drowsy state. Answers questions less intelligibly, and is quite weak. ℞. Ammoniæ carb. ʒ ij.; syrup. aurantii, aquæ, āā ʒ i. ♏. ʒ i. every two hours. ℞. Acid hydrochlor. ʒ i.; syrup ʒ iij.; M. ʒ i. in water as a gargle. ℞. Tinct. ferri chlorid. ♏ x. four times daily.

5 P.M.—Pulse brought up by stimulants; with the exception of increased strength of pulse, condition about the same as at last record. Patient's wife says he was in poor health before the occurrence of this accident. Urine examined, but neither casts nor albumen found.

10 P.M.—Pulse 100, legs stronger than at last record; respiration quite slow and prolonged.

27th.—Has been steadily failing through the night, notwithstanding every attempt at stimulation. Seems never to have rallied from the shock of the accident. Stump continues to look well.

1 P.M.—Dead.

VII. *Ligature of Varicose Veins.*—(Service of Dr. Ropes.) M. R., aged 43. Presser of clothes. Patient's occupation requires him to be constantly on his feet, and the internal saphena vein of right leg was upon his entrance to Hospital enormously enlarged and convoluted. A week previous to his entrance he had ruptured, as was indicated by the symptoms at the time and afterwards, the plantaris muscle and the external saphena vein of same leg. The internal saphena vein was compressed in two places by passing strong ligatures beneath it, and tying pieces of bougie over it. The vein at the upper point of ligature was immensely large; the first attempt to pass the needle beneath it here was followed by a brisk hæmorrhage; the needle was reintroduced still deeper, with better success. Very large and firm clots were formed, occluding the vein thoroughly at both points of ligature, so that the pieces of bougie were removed four days after the operation. The clot at the lower point, about the middle of the leg, caused very little inflammation, but the amount of inflammation at the upper point, above the knee, was very great. An abscess formed here, the discharge from which was copious. The patient refusing to submit to the treatment advised, was dismissed from the Hospital a month after the operation, at which time the vein remained thoroughly occluded.

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A Dead Man not "at Home."—The fact of the occurrence of deaths is not registered in France upon the mere affirmation of a witness, as with ourselves, but only after the inspection of a district Medical officer known as the "verificator of deaths." One of these gentlemen lately called for this purpose at a certain house in Lyons, and was rather taken aback, on requesting to see the deceased, by the answer, "The deceased!—oh! he has not come home yet." It was no new thing for him to find patients not keeping their appointments, but this was the first instance of a body not being punctual. However, it turned out that the deceased having died in a scuffle, an official autopsy had to be made, and he had not been brought back from the theatre.—*Gazette Médicale de Lyon.*

# Bibliographical Notices.

*Etudes sur les Medications Arsenicale et Antimoniale et sur les Maladies du Cœur.* Par le Docteur Lucien Papillaud (Henri Almes). Paris. 1867. Pp. 79.

At the present time of expectant treatment, when the number of so-called specifics has been reduced to a minimum, the medical profession must feel an interest in any *reliable* investigations as to the value of drugs in disease. Probably every practical physician has felt the satisfaction of dealing with the specifics in appropriate cases, and has wished that the number of diseases were larger in which the use of certain remedies was as clearly indicated as that of iron is in anæmia, quinine in intermittent, and mercury in syphilitic disorders. Unfortunately, however, although the medical literature of the day is crammed with observations of the favorable course of different diseases during the exhibition of almost every drug in the Pharmacopœia, the number of authenticated specifics has not been increased.

A pamphlet by Dr. Papillaud has just appeared in Paris, the object of which is to prove the value of arsenic and antimony in the treatment of cardiac disease. From the careful manner in which it is written, and the amount of investigation and research of which it gives evidence, it certainly demands the consideration of the profession. As a specimen of medical literature, it is remarkable for that clearness of language and terseness of style which distinguishes many of the French writers on medical subjects.

The book is divided into five chapters, which we shall notice in order, and opens with a short preface, in which the author, with becoming modesty, disclaims the intention of asserting any new discovery, but simply desires to call the attention of the medical world to the results of his investigations.

The first chapter is a very complete and elaborate *résumé* of the therapeutical history of arsenic, beginning with its use by Boudin in 1840, in intermittent fever. The whole literature of the subject, from that time up to the present day, is reviewed, and it is shown that arsenic has been used with apparent success in the treatment of intermittent fevers, neuralgia, phthisis, asthma, cutaneous diseases, chorea, syphilis, dyspepsia, pharyngitis, uterine disorders, cholera, want of appetite, and general glandular enlargement.

The beneficial results that have been obtained by mixing arsenic with the feed of cattle are also mentioned, and a very clear account is given of its use by the arsenic eaters of Tyrol and Styria. It is stated that arsenic has been found in eighty-two of the thermal springs of France, and the favorable results which have been obtained from the use of these waters are attributed to the presence of this mineral.

From all this mass of testimony, Dr. Papillaud concludes that arsenic is a most efficacious tonic. He says:—"Arsenical medication is, according to our idea, indicated in all cases where we wish to increase the strength and regulate the functions, without regard to what the disease may be that has produced this condition."

"But besides its (arsenic's) general action, it has certain elective actions, and it is the action which it has on the heart that we wish to study."

"In addition to its elective action on the heart, it has a special influence against the lesion, or aberration of nutrition called hypertrophy."

We must confess that in the last quotation the author begs the question, as he states on his own authority, without any observations or arguments to back him, what it seems the book was written to prove.

The second chapter is headed De la Medication Antimoniale. It reviews the records of the use of antimony as a remedial agent, and though shorter than the one on arsenic, is quite complete. Different writers are quoted to show that antimony has been used with success in chorea, epilepsy, skin diseases, syphilis, rheumatism, scrofula, cardiac disease, intermittent fever, hæmorrhages, &c. &c. The author concludes that antimony and especially tartar emetic is also a tonic (reconstituante). He admits the sedative action on the circulation, but considers that this is due to its neurosthenic power, that is say, that it lowers the pulse by making it more healthy and natural, in the same way that alcohol will do, in cases of prostration and debility. He claims that in this respect it is exactly the reverse of digitalis, which, according to him, always lowers the pulse by actually diminishing the vital forces. Next follows a short chapter called *parallèle entre l'arsenic et l'antimoine*, the object of which is to prove that both these drugs have been advantageously used in the same diseases, and, as it will be seen, from the lists above given, that they both have given so good results in almost every ill that flesh is heir to, this is

not a difficult task. The conclusion which this chapter is meant to establish is that arsenic and antimony should be given in combination.

Chapter IV., on *Maladies du Cœur*, contains nothing new on the pathology of cardiac diseases, nor is it a resumé of what is known. Monneret's ideas on these diseases are given, and our author coincides with him entirely. He considers that organic cardiac disease is always preceded by functional trouble; that the latter is due to a lack of innervation of the muscular fibres of the heart and vessels, the primary lesion being in the vaso-motor or sympathetic system, and as he regards antimony and arsenic as having a special tonic influence on the sympathetic nerves, of course he finds an indication for their use in cardiac disease.

The fifth and last chapter is entitled—*Application des Medications Arsenicale et Arsenio-Antimoniale aux Maladies du Cœur.*

Twelve cases of functional and organic cardiac disease are reported, quite fully, but by the confession of the author, from memory. The results are certainly wonderful, as they all improved greatly, and some cases, in which, judging from the physical signs given, organic disease of a serious nature must have existed, were apparently entirely cured, and had remained so up to the time of publication. This certainly is interesting as proving, if nothing else, that organic may become latent, and give no further trouble. When, however, our author goes on to state that he has used the arsenico-antimonial treatment in more than one thousand cases, not only of heart disease, but also of emphysema, dyspepsia, catarrh, tuberculous, muscular and articular rheumatism, gastralgia, anæmia, chlorosis, acute and chronic icterus, neuralgia and cachexia, and that it proved efficacious in eight-tenths of the cases, we cannot help feeling that too much is claimed.

The preparation which is recommended, is a salt which the author has had prepared, the arsenate of antimony, which he gives in the dose of two millegrammes per diem. The commonly received idea with regard to the cumulative action of arsenic is denied, on the ground that out of the many cases in which he has given the drug continuously for months, and even years, no such action has been seen.

In conclusion, we must say that we laid the book down with the feeling that *not proven* must be written against some of the author's conclusions, and that until further confirmation of his views comes from other observers, we must withhold our verdict as to whether arsenic and antimony have any especial influence in cardiac disease.

As a specimen of a medical work, however, well written and evidently the result of much thought and study, the book is very creditable to its author, and will well repay any one for the time spent in its perusal.

F. B. G.



Medical and Surgical Journal.

Boston: Thursday, July 16, 1868.

## TOO MANY BOOKS.

Truly, to the making of books there is no end. We are in danger of knowing too much. So far from lacking, we suffer from an avalanche of knowledge. But is this knowledge wisdom? Does it strengthen the mind, discipline the intellect, and enrich the memory? Or does it only accumulate, year by year, in a pile of useless, because unapplied learning? We fear the latter. We become too discursive in reading, and in mind. More must be forgotten than retained; more remain useless, than used.

The medical press shares the hurry of the times, which drives along all other departments of learning. Steam has been applied to the slow printing office of our fathers' publications; and professional literature, biblical and periodical, teems with new works. Trifles are narrated in octavos; single series of cases swell to portly volumes; medical literature is becoming a series of exaggerated monographs, too long to read, too diffuse to remember, too numerous to use.

It is true that this is partly owing to the natural expansion of our science. Much more is known now than formerly: investigations are pursued on a larger scale; and many new and distinct branches of medical literature have arisien.

But with all due allowance for this, there is another reason for the vast increase of medical publications.

Individual vanity, competition for distinction, the struggle for eminence, hurry multitudes of young and incompetent ob-

servers to write books. They rush into print, lest they be left behind.

Large and poor works on every subdepartment of medicine are thus produced by the thousand.

This rash and premature publicity is very different from the course of many of our older and wiser professional brethren, who at the close of laborious lives, give to the world a few modest but weighty conclusions, which will endure, and be always valuable.

If every one who is tempted to be an author would suppress every thing that had been already said, and publish only what was new, and original with him, how much time and labor would be spared the reader; and how many volumes would shrink to an embryonic size, or would never be!

We verily believe that the medical student with one book is better off than he who possesses a catalogue of authorities; that he sees more, knows as much, and remembers infinitely more than the other; and we are disposed to think that the same holds true as well of physicans.

Certainly our medical youth is passed in the fruitless effort to master everything, which results in mental indigestion and torpor. We are crammed too hard, and this evil is very largely due to the inordinate increase of medical literature.

So also a residence of some months in Europe taxes still more the over-worked powers, and fills to overflowing a head previously too full for healthy action. Albeit the medical student abroad tempers his task with play, yet he usually returns too replete with trivial novelties to digest them well in practice.

The result of this state of things upon the older man is that he either becomes a discursive and experimental theorist, or he ends in being a specialist. He must overlook and waste much; or he must confine his attention to a single point. Hence the rapidly increasing number of special departments in medicine, which we cannot but think an evil. In certain great and natural subdivisions of our art, as in treating an organ like the eye, their necessity is recognized. But their tendency, when too minutely divided, is to produce a microscopic rather than a general vision, and to cultivate a narrow rather than a broad style of observation and of thought.

The whole human being and constitution is apt to be lost sight of in the function which is the subject of study.

For the average of diseases and for the average of men, we believe the general practitioner, as we find him when isolated from his fellows, self-reliant and self-contained, to be better adapted than the specialist, however brilliant and however learned.

And while we would not cast one obstacle in the way of the progress of real medical science, we must condemn the course of sciolists whose vanity urges them to reiterate their little tales, and deprecate the increase of a literature too diffuse to be of real service.

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We respectfully call the attention of other Medical Journals to the subjoined communication.

Loose Cartilages in the Knee-Joint. *Information desired with regard to unpublished Cases.*—In the winter of 1861, Dr. W. C. Wey, of this city, and myself, were obliged to defend a suit for alleged malpractice, growing out of an operation performed by us, for the removal of a loose cartilage from the knee-joint—the result of the operation being anchylosis; the result of the suit being in our favor. In preparing ourselves for defence, assisted by other physicians, at home and abroad, we collected information with regard to 206 operations for this troublesome difficulty; which information, in tabular form, was published by Baron Larrey, in the *Gazette des Hopitaux* for June 8th, 1861.

After an interval of seven years, a letter has now been received by me, from Alfred Poland, Surgeon to Guy's Hospital, London, in which he states that he is about to publish a small work upon loose cartilages in the knee-joint. He has tabulated all published cases up to the present date. He is now pursuing his investigations still further, and desires of his medical brethren information with regard to cases that have never been published.

Any reader of the Boston Journal who may possess such information, will confer a favor upon Dr. Poland and render a service to the cause of science by communicating the same to me by the middle of July, if possible.

The chief items of information are, the name, the residence, the age and the occupation of the patient, the particular knee affected, the size, the mobility, the supposed cause, and the symptoms of the foreign body, the duration of the difficulty, the treatment, whether by operation or otherwise, if operated upon, by what methods, and finally the result of the case, together with any individual reflections or remarks that may be added.

Proper acknowledgment of thanks and due credit will be awarded to all persons who may render assistance, in accordance with this request.

T. H. Squire, M.D.

*Elmira, N. Y., June* 24, 1868.

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Mr. Editor,—In your edition of June 4th, I noticed an article on "Poisoning by Bromide of Potassium," and which from the experience had with the drug in this institution, I think is a mistake and liable to create much needless caution in the use of that remedy.

Were it not that we are accustomed to administer the "Bromide" in drachm doses as often as every three hours, without the slightest ill effects resulting therefrom, I should probably not have disputed the poisonous effects of a dose of twenty grains repeated every six hours.

Could not the statement coming from Dr. C. Braman, second-handed as it did, explain itself as a lapsus linguæ in calling the bromide for the iodide of potassium? It seems more probable that this is so from the described appearance of the mouth and fauces and the violet color of the clothes after the contact with the excrement, both of which would follow the use of the Iodide and not the Bromide.

Respectfully, Daniel S. Burr,

*Ass't Physician N. Y. S. I. Asylum.*

*Binghamton, July* 9, 1868.

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Harvard Medical School.—The following is a list of the gentleman who received their medical degrees on the 15th inst., with the subject of their dissertations:—

Adams, Frank Wayland, Brookfield, *Nature her own Physician.*

Ames, Charles Peter, New Orleans, La., *Tuberculosis.*

Ballard, Albert Manley, Framingham, *Dyspepsia.*

Beach, Henry Harris Aubrey, Boston, *Cystitis.*

Boardman, William Elbridge, Boston, *Absorption of Medicines and Poisons.*

Borden, Frederic William, Cornwallis, N. S., *Medical History.*

Bowditch, Henry Pickering, West Roxbury, *Bromide of Potash.*

Brigham, Edwin Howard, Boston, *Yellow Fever.*

Caldwell, Charles Edmund, Woodstock, N. B., *Pneumonia.*

Chipman, Henry, Cornwallis, N. S., *Heat.*

Coggin, David, Lowell, *Coxalgia.*

Emerson, Justin Edwards, Hawaiian Islands, *Epilepsy.*

Fitz, Reginald Heber, Brookline, *Belladonna* vs. *Opium.*

Forster, Edward Jacob, Charlestown, *Flatulence.*

Fulton, John Beveridge, Londonderry, N. S., *Pneumonia.*

Gay, George Washington, Swanzey, N. H., *Pyœmia.*

Gunter, Leverett Duncan, Fredericton, N. B., *Carbolic Acid.*

Hale, Josiah Little, Newburyport, *Pregnancy* vs. *Phthisis.*

Handy, George Warren, Iowa City, Iowa, *Iritis.*

Harris, James William, Lower Horton, N. S., *Variola.*

Hastings, William Henry Howe, Sterling, *Bromide of Potash.*

Holt, Edward Brown, Lowell, *Tuberculosis.*

Jacobs, Chauncy Alonzo, Springfield, *Bright's Disease.*

Lincoln, Rufus Pratt, Amherst, *Consanguineous Marriages.*

McDonald, John Farquhar, Halifax, N. S., *Sight.*

Merrill, David, Peacham, Vt., *Materia Medica.*

Morton, D. H., Truro, N. S., *Epilepsy.*

Pickman, Hersey Derby, Boston, *Identification.*

Pratt, Herbert James, Plymouth, *Theine.*

Quinby, Hosea Mason, Lake Village, N. H., *Fatty Degeneration.*

Sullivan, Alexis Joseph, Chelsea, *Pneumonia.*

Sumner, Allen Melancthon, Boston, *Angina Pectoris.*

Swett, George Woodbury, Jamaica Plain, *Jaundice.*

Taylor, Vernon Otis, Charlestown, *Medical Observation.*

Ware, Frederick, Cambridge, *Diseases of the Gastric Glands.*

Waterman, Thomas, Jr., Boston, *Carbolic Acid.*

Wells, Frank, Boston, *Sunstroke.*

Williams, Edward Tufts, Brookline, *Acute Diseases of the Bowels.*

Woodman, Aurin Payson, Amesbury, *Sterility.*

Worcester, Samuel, Gloucester, *Epilepsy.*

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Hippophagy in Paris.—The number of the *Revue des Deux Mondes* for May 15 contains an article from the pen of M. Maxime du Camp, on "L'Alimentation de Paris."

"Animal food, the use of which should be extended as much as possible, is unfortunately very dear, and much effort has been made to popularize the employment of horseflesh. The attempt has failed, and thus far hippophagy has obtained only negative results. It is not sufficient that certain *savants*, animated by the most excellent intentions, should meet at a well-served table to eat beefsteak of horse *aux truffes*, horse kidneys *au vin de champagne*, horse tongue with tomato sauce, to wash it all down with excellent wine, and deliver elegant orations, in order to overcome deep-rooted prejudices and insure the reception of a new kind of food. The poor know well that horses slaughtered for food are old animals exhausted by labor, and that they can only constitute an unnutritious and sometimes a dangerous diet. Certain *esprits forts* have indeed made, for curiosity, a trial they take care not to repeat; but the lower classes have not been persuaded by all the fine promises held out, and really one cannot blame them. Since the sale of horseflesh was authorized, twenty-two shops have been opened, but these transact but little business. Up to last March there have been slaughtered at the three special abattoirs 3728 horses, 86 asses, and 23 mules, furnishing (the mean age of the animals being 14 years) 76,857 kilos. of meat. These establishments are carefully inspected, and in a single abattoir 24 horses were seized and delivered over to the manure manufacturers, 5 having fractures with fever, 10 suffering from farcy or glanders, 7 from chronic chest affections, and 2 from ulcers or skin disease. The horseflesh sent to the butchers quickly undergoes decomposition, for it is almost always anæmic, in consequence of the enfeebled state of the economy of the animal. However, it must be got rid of, and purchasers will not buy it. It is then made up into sausages made to imitate those of Arles, Lorraine, or Germany, and they are disposed of to the fruit shops, grocers, etc. In a short time, however, they are found to be decomposed and uneatable. The other portion of the meat is sold during the night to the low eating-houses. It is not by means like these that an old prejudice will be removed, which exists in spite of all attempts to oppose it, for frequently the destitute refuse tickets for a gratuitous meal of horseflesh."—*Med. Times and Gazette.*

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Fungoid Theories of Disease.—Dr. Salisbury has added thirty new varieties of vegetable parasites, which he describes as characteristic of particular conditions of the urinary, intestinal, and mucous secretions generally. Meantime, Dr. Gavin Milroy has obtained from the Rev. M. J. Berkeley, the most distinguished of British mycologists, answers to an elaborate series of questions on epiphytes in plants and epidemics of blights or epiphytes, hoping that they might throw some light upon our own observations of epidemic diseases of man. Dr. Milroy's questions are very carefully devised to cover the whole ground of telluric and atmospheric influence. The answers are too long to be quoted here, and we must refer our readers for them to the *Gardener's Chronicle and Agricultural Gazette* for May 2d and 9th, 1868. The following are perhaps the two most directly important points which are elucidated.

"13. Q. Have any particular epiphytes been observed to be frequently antecedent to, or coexistent with, epidemic diseases in men, or with murrains among the lower animals? Is there any published record or register of such coincidences? Also, has any inter-relation or mutual connection been observed between the occurrence of different epiphytic diseases? *A.* Ergot is the most prominent instance. It not unfrequently, where rye is extensively used, produces disease, and I have reason to believe that, in years when it is prevalent in grass fields, cows and ewes are apt to slip their young. I believe that it sometimes produces gangrene in sheep. I do not believe in Hallier's views of the connection of cholera with parasites on rice. I am taking great pains to ascertain what are the rice-parasites. I believe Hallier's notions to be entirely theoretical. That some cutaneous disorders arise from fungi is pretty certain, but there is nothing to show that fevers, or other contagious or infectious diseases, arise from the same cause. It was supposed that diphtheria depended on a fungus; but I have examined diphtheria membranes, in which there was no fungus. No inter-relation between different epiphytic diseases has been observed, unless the connection between the æcidium of the berberry and wheat-mildew be considered as proved; but, even if this were the case, it merely

shows that the same fungus may exhibit different phases under different circumstances, as is undoubtedly true in puccinia and aregma, not to mention other epiphytes.

"15. Q. What is, or what is believed to be, the pathology or visible morbid change which constitutes, or is at least always associated with, the best known epiphytic diseases? Has it been shown to be of the nature of an organic germ, or spore, or molecule? or is the subject still as occult and inscrutable to the vegetable physiologist as the originating cause of most epidemic diseases is to the physician?—A. In the bunt the whole process is traceable; the parasite obtains admission from without, and the spawn traverses the young plants. In plants impregnated by myself I have seen the stem as well as the grain affected; but I never saw this in the fields. The potato murrain, again, is distinctly traceable in affected tubers, the threads seeming to have a power of decomposing the cell-walls so as to gain admission to the tissues very deeply. In some cases the effect of the presence of the parasite is to produce a hypertrophy of the tissues, in bunt an intensity in the color of the chlorophyll, or at least such an alteration of color that a practised eye will at once detect a bunted plant. In many cases, however, I doubt whether the best microscopes will always detect fungous spawn; and such investigations require great caution, as the junctures of the cell-walls are very deceptive."—*British Medical Journal.*

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Suture of Nerves.—At the Society of Surgery, M. Paulet has read a very elaborate paper on the Immediate and Indirect Consequences of Traumatic Lesions of Nerves. Two cases here recently have excited interest in this subject. In one, M. Laugier united by suture the cut ends of the median nerve; and on the same day there was a commencement of restored sensibility and voluntary movement. In the other, M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, medium, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists who have divided and resected nerves. To explain them, reference has been made to peripheral anastomoses, such as M. Robin has pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But M. Paulet points out that, if the explanation lies here, the function should have been carried on by them immediately after the section of the nerves, not slowly re-established. After a very long literary research and a great number of experiments, he confesses himself unable to elucidate the difficulty and discord.—*Ibid.*

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Obstetric Memoranda.—On March 22, 1868, I attended Mrs. B— in her first labor. On examination, the head was found low down in the pelvis, grasped on the left side during the pains by a structure resembling the mouth and neck of the womb. In the absence of pain, this structure proved to be a septum attached to the vaginal walls anteriorly and posteriorly from an inch and a half within the orifice as high as could be reached. It was thick and fleshy, and had a rounded cord-like border, which, during the pains, became very tense, and for a long time offered what appeared an insuperable resistance to the progress of the head. While considering the propriety of dividing the structure, I noticed that the border was becoming thin in the middle, under the pressure of the head; and shortly a strong pain lacerated it. The whole structure was torn longitudinally, and very soon a fine boy was born.

On examining the parts after the removal of the placenta, I found the remains of the torn structure attached to the back and front of the vagina in the mesian line for a considerable distance; but, at the upper part, the septum was intact for about an inch; and, on its right side, the mouth of the recently unburdened womb, and on its left side a womb apparently of virgin size and shape, could be felt.

On inquiry I found there had been no menstruation during the existence of pregnancy.—*Ibid.*

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The Treatment of Primary Syphilitic Sores by Carbolic Acid.—The success which attended the treatment of mucous tubercles by carbolic acid, in several patients under my care, induced me to extend the experiment to cases of primary syphilitic sores. Mr. Horsfall, my house-surgeon, has also experimented in a similar manner on patients applying for relief at the out-patient department of St. Bartholomew's Hospital. In both sets of cases the result has been the same; namely, the rapid destruction of the ulcerating surface, with the apparent decomposition of the poison, and that without any considerable degree of pain. It is true that, up to the present time, the cases have been those of "soft" sores. I can-

not, therefore, yet speak of the effect of the acid on the indurated base of the so-called Hunterian chancre. That must be the subject of further observations.

The acid, when applied in a concentrated form, turns the surface of the sore of a white color; this becomes a thin dry yellow scab, which separates in about two to three days. The application should be repeated to the third or fourth time, according to circumstances, when it may be found that the sore has healed under the scab. Should the acid be applied too abundantly, the adjacent tissues are apt to become excoriated.

I have had twelve cases in private practice, in each of which a most satisfactory result was obtained, the healing of the sore being complete in an average of ten to fourteen days.—*Ibid.*

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The Member for Patent Medicines.—Mr. Barnes, who ostensibly represents Brooklyn in Congress, is really, it appears, the representative of the patent medicine interest. The makers of what are called patent medicines have gained large fortunes, in many cases; and some of them have built fine houses and otherwise shown a disposition to spend as well as make money. It was not known, until Mr. Barnes the other day revealed the fact, that they had also sent a member to Congress.

But why should they not be represented? It is perfectly understood that the whiskey interest has at least one, and perhaps several, eminent representatives in the House; the iron interest, the wool interest, the cotton manufacturing interest, are all represented; and the representatives have taken very good care to burden the people with extra taxes in favor of their special interests. If whiskey is entitled to representation, why not pain-killer, or squills, or paregoric, or S. T. 1860 X?

Only, things and persons ought to be called by their right names; and we venture to suggest that Mr. Barnes should hereafter be addressed, in his place in the House, by his proper title; he is not the gentleman from New York, for his constituents live in all parts of the Union: he is properly the member for pills, or the member for strengthening plasters, or the member for paregoric, or purges, or for the balm of ten thousand flowers. So, instead of addressing a gentleman from Ohio, it would be much more to the point to speak to the member for whiskey; the Senator from Rhode Island could much more properly be entitled the Senator for cotton prints; and the Senator from Vermont as the eminent or honorable or industrious Senator for wool.—*Evening Post.*

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The *Annales du Génie Civil* (Nov. 1867), describes the new process invented by Mr. Kessler, for the manufacturing of soda, in which the use of sulphuric acid is abandoned. In this case also chloride of sodium furnishes the alkali, its decomposition being brought about by mixing the salt with chromic oxyd, and heating it to redness while a current of steam is passing over it. The latter is decomposed, its oxygen forms chromic acid and soda, while the hydrogen carries off the chlorine, the resulting hydrochloric acid being collected. The chromate of soda is then treated with carbon as the sulphate is in Leblanc's process, the products of the reaction being chromic oxyd and carbonate of soda. After lixiviation of the latter, the oxyd is again ready for a fresh decomposition of salt.

Since this method avoids the great loss of sulphur, which Leblanc's process necessarily involves, it would seem destined for a great future.

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Quinoidine.—Dr. Chalvet has repeated, before the Biological Society of Paris, experiments on efflorescence which tend to throw some doubt on Dr. Bence Jones's conclusions respecting quinoidine. The facts, however, mentioned by the latter physician have been fully confirmed by Dr. Chalvet, whose experiments again prove that the living tissues contain a substance giving rise to an efflorescence exactly similar to the refractive phenomena of sulphate of quinine. Dr. Chalvet has also found, like Dr. Bence Jones, that this efflorescence disappears in acute febrile diseases; but he does not agree with Dr. Jones as to the origin of this supposed quinoidine. Dr. Chalvet has shown, on the contrary, that this efflorescent substance exists in most articles of food, especially in wine and vegetable substances.

From these researches the French author concludes that the so-called quinoidine is not derived from albumen; that it is introduced into the organism by the ingesta; that it mixes with the animal fluids, as happens with iron; but that (herein quite similar to iron) it does not spontaneously spring up in the animal tissues. As this quinoidine is rapidly eliminated, low diet somewhat prolonged must cause the efflorescence of the urine to disappear, and thus is explained the supposed destruction of quinoidine by fever. Dr. Chalvet is inclined to

class the substance in question with quinine itself, which may be supposed to exist in infinitesimal quantities in all vegetables, and thus would its constant presence in the tissues and fluids of animals be accounted for. —*Lancet.*

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Comparative Action of Various Disinfectants in the Purification of Ships' Bilges. —The *Medical Press and Circular* (June 10th, 1868) contains a translation of an interesting paper on this subject by Dr. Berenger-Feraud, published in the *Archives de Médecine Navale.*

The following are Dr. B.'s conclusions:

1. Wood charcoal is radically inefficient and inapplicable.

2. Chlorine and chloride of lime are hurtful as well as inefficient.

3. Carbolic acid is of no use, and has an insupportable odor.

4. Protosulphate of iron may for the present be preferred; it is sufficiently active to be of considerable use, and very low in price.

5. Permanganate of potash is infinitely superior to all the preceding substances, and is destined to put them all into the shade so soon as it can be sold at a figure permitting its use on a large scale. Even its present price is no bar to its employment, when it is necessary rapidly and completely to purify a ship's fetid bilges.

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Ovariotomy in Australia.—Dr. Tracy, of Melbourne, continues his success in ovariotomy. In the *Australian Medical Journal* for January he publishes two cases, both successful, and states of his two previous cases, published in 1864, that both patients continue to enjoy excellent health. He makes some interesting observations on the different modes of dealing with the pedicle, and gives good reasons for his preference for the clamp over any intra-peritoneal method. And he concludes thus:—"The successful issue of four cases at various ages, ranging from sixteen to forty-six, all of whom must have died a miserable death within short periods, will, I trust, establish this operation here on the same firm footing as in the old country. Surely no reasonably suitable case should now be left to perish under merely palliative treatment, without at least an attempt being made to remove this truly formidable disease."—*Medical Times and Gazette.*

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A New Panacea.—Among the remains of the Christian martyrs exhumed from the catacombs at Rome, and exposed in the churches for the veneration of the faithful, were some which, during their transport, fell into dust. They were, however, not lost, but, being true relics, their dust has by the addition of wax been worked up into a paste, *pasta di martiri*, having the virtue of curing all diseases. (We suppose that, in the face of so formidable a rival, Professor Holloway will cease advertising in the *Gazetta Medica di Torino.)*

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Mica Spectacles for Metal Workers, costing only about one-fifth of ordinary glass spectacles that are used for the purpose of protecting the eyesight of workers in hot and cold metal and glass, are spoken of very highly by Dr. Cohn, of Breslau, as being much lighter and cooler, less fragile and expensive. The color of the light admitted by the mica used is slightly grayish, which is even an advantage for those who have to wear an eye-protector before the fire.

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Two notorious quacks of this city were arrested on Tuesday, on the complaint of Mr. John W. Clark, of New Jersey, who alleged that they sold him a bottle of "Invigorator," whatever that may be, promising that it would cure his wife of consumption in twenty-four hours. Of course the "invigorator" disappointed the expectations of the too credulous Mr. Clark, who, returning to complain, was swindled out of an additional sum of money upon some pretence or other. Being brought before Justice Mansfield the two quacks were committed for examination, without bail. Perhaps there is no more effectual way of getting rid of quackery than that adopted by Mr. Clark.—*N. Y. Med. Gazette.*

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Appointments.—Dr. James H. Hutchinson has been elected one of the attending physicians to the *Pennsylvania Hospital*, to fill the vacancy caused by the resignation of Dr. W. W. Gerhard. The appointment is one well calculated to maintain the high reputation which this venerable institution has always enjoyed.

Dr. J. Aitken Meigs has been elected to the chair of Institutes of Medicine in the *Jefferson Medical College*, which was lately vacated by Prof. Robley Dunglison. This appointment is considered an excellent one.

Dr. Herbert M. Howe has been elected one of the attending physicians to the *Episcopal Hospital*, Philadelphia, to fill the vacancy caused by the resignation of Dr. James H. Hutchinson.—*Med. News and Library.*

# Selections and Medical Items.

On Solubility of False Membrane.—MM. Bricheteau and Adrian have recorded in the *Révue Médicale*, March 15, 1868, the result of experiments to ascertain the effects of various agents on false membrane. The membrane was obtained from a patient who had a diphtheritic affection and expectorated a large quantity. When the membrane was suspended an hour in the vapor arising from water containing sulphide of mercury in solution, no more effect was produced than with vapor of water alone. Concentrated solution of pepsin, at a temperature of 35° C. during twelve hours, produced disintegration of the membrane, but no solution. A few drops of lactic acid immediately dissolved it. Acetic acid, with an equal amount of water, caused a diminution of thickness after five or ten minutes, and the membrane became translucent, but did not entirely disappear. Citric acid had the same effect. Formic acid produced no change. Two drops of lactic acid added to five grammes of water dissolved a piece of membrane with a surface of about one cubic centimetre and weighing 20 centigrammes, in two minutes, with the exception of a few gelatiniform fragments, which a few additional drops dissolved. Lime water also dissolved the membrane; but the lactate of lime had no action. Concentrated solutions of potassa and soda do not act on the membrane, but diluted solutions act better. Bromine water does not act even after several hours. A saturated solution acts very slowly. Bromine in a nascent state, obtained by decomposing bromide of potassium by chlorine water acts better. Bromide of potassium and chlorine water gave no result. Chlorate of potassa and soda show a manifest but slow action. Various salts of soda and potassa have no effect. In conclusion—Lime water and lactic acid alone are capable of dissolving the false membrane entirely in a few minutes. Formula—for pulverization, aq. 100 grammes; lactic acid 5 grammes. For gargle, aq. 100 grammes; lactic acid 5 grammes; syrup of orange 30 grammes.

Case of Anomalous Nervous Disorder.—The following case we find in the *Lancet*:—

Emily S., aged 7¼ years, was admitted to St. George's Hospital January 27th, 1867. Ever since her birth she has been fretful, and for a very long time now has been subject to transient fits and great nervous irritability. The child never talked at all until 7 years of age. She often complained of her head, as if in pain there. Father and mother reported healthy; four other children, all healthy. The child used often to go into uncontrollable fits of laughter, and would laugh till she fell. It was said she was worse in cold weather.

On admission, the child appeared to be in perfect health, and was well made; the head not large, the skull natural, rather of a simple countenance, but could not be said to have any vacant look. When touched on the shoulder or elsewhere sharply, the child dropped immediately helpless and quite unconscious, with a slight cry, coming to herself in about three seconds.

She was treated with gradually increasing doses of bromide of potassium (up to thirty grains) three times a day, and at first improved; but after two months confinement in the hospital seemed to affect her health, and the fits became more frequent. She was sent out in April.

Giessler's Vacuum Tubes.—At a soirée recently given by the President and Council of the London Pharmaceutical Society, a magnificent chandelier was exhibited by Dr. Stevens Squire, composed entirely of Giessler's vacuum tubes. The fluorescence of the various liquids through which the current was made to pass produced all the colors of the rainbow; and an additional effect was obtained by the use of uranium and other kinds of glass blown into bulbs, zigzags, &c. Eight large induction coils and forty cells of battery were required to set this beautiful electrical apparatus in action, and the light was sufficiently intense to illuminate the room in which the tubes were exhibited. Other specimens of Giessler's tubes on a large scale were arranged round the room, and were lighted from time to time.—*Lan.*

Dr. Thomas C. Brinsmade, who died lately of heart disease at Troy, N. Y., was born at New Hartford, Litchfield County, Ct., in 1803, graduated at Yale College, and went to Lansingburgh, N. Y., where he remained until 1832, when he moved to Troy. He had filled the offices of President of the Rensselaer Co. Med. Society, Vice President and President of the State Medical Society, Vice President of the American Medical Association, and delegate to the International Medical Congress at Paris.

## MEDICAL DIARY OF THE WEEK.

Monday, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

Tuesday, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10–11, A.M., Massachusetts Eye and Ear Infirmary.

Wednesday, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., Operations.

Thursday, 11 A.M., Massachusetts General Hospital Clinical Surgical Lecture.

Friday, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., Operations. 9 to 11, A.M., Boston Dispensary.

Saturday, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., Operations.

To Correspondents.—Communication declined:—Perforating Wound of Kidney.

Deaths in Boston for the week ending Saturday noon, July 11th, 104. Males, 53—Females, 51.—Accident, 3—anæmia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 5—bronchitis, 4—cholera, 1—cholera infantum, 11—consumption, 10—convulsions, 4—croup, 1—cystitis, 1—debility, 4—diarrhœa, 1—diphtheria, 1—dropsy of the brain, 3—dysentery, 2—epilepsy, 2—typhoid fever, 1—hæmorrhage, 1—disease of the heart, 2—homicide, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 6—marasmus, 1—measles, 2—old age, 3—paralysis, 3—premature birth, 1—puerperal disease, 1—rheumatism, 1—scrofula, 1—sunstroke, 14—suicide, 1—unknown, 6.

Under 5 years of age, 40—between 5 and 20 years, 7—between 20 and 40 years, 31—between 40 and 60 years, 14—above 60 years, 12. Born in the United States, 58—Ireland, 35—other places, 11.